



City of Charleston Recreation Department

Volunteer Application

An Equal Opportunity Employer

Position Applying for: _____ Sport: _____ Age Group: _____

Name _____ Date: _____

Home Address: _____

Work Phone Number: _____ Cell Phone/Pager: _____

Evening Phone Number: _____

Email Address: _____

Present Occupation: _____ Supervisor: _____

Address: _____ Dates of employment: _____

Describe position: _____

Please answer the following questions:

Have you ever been convicted of a felony in the past 10 years? YES NO (circle one)

If yes please explain: _____

Identify special skills and or experience that qualifies you for this position:

Coaching experience: YES NO (circle one) How many years? _____

Describe any experience you have had working with children or sports including where, and designate approximate dates:

Where: _____ As: _____ Dates: _____

Where: _____ As: _____ Dates: _____

List any formal training/certifications you have received to include sports/first aid/cpr:

List any additional comments you feel makes you qualified for this position:

I certify that to the best of my knowledge all of the information is true, complete and correct. I authorize investigation of all information, contained in this form and I understand that a misrepresentation or omission of facts is a cause for dismissal. I understand that I may be required to successfully pass a physical exam, criminal conviction check, and a drug/alcohol test as a condition of employment. I also agree to allow the City to videotape practices and/or games. If the applicant is a minor (under the age of 18), a signature of the parent and/or legal guardian is required.

Print name

Sign name

Date

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE
REPORT
(PLEASE PRINT OR TYPE)

I, the undersigned, do hereby authorize the City of Charleston by and through its independent contractors, South Carolina Law Enforcement (SLED) and Acxiom, Inc., to procure an investigative report on me.

These above mentioned reports may include, but are not limited to, employment and education verifications; personal references; personal interviews; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report prepared on me upon my written request that is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 USC & 168 et.seq.

I further authorize any person, business entity, or governmental agency who may have information relevant to the above to disclose the same to the City of Charleston, by and through SLED and Acxiom Inc., including, but not limited to, any courthouse, public agency, any and all law enforcement agencies regardless of whether such person, business entity, or governmental agency compiled the information itself or received it from other sources.

I hereby release the City of Charleston, SLED, Acxiom, Inc., and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative report hereby authorized.

Signature _____ Date: _____

Printed Name _____

Address(es) – Include all addresses lived in the past seven (7) years starting with your current address. Use reverse or attach a separate sheet if necessary.

Street/PO Box	City	State	Zip	County	How Long
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Former Address:

Street/PO Box	City	State	Zip	County	How Long
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Former Address:

Street/ PO Box	City	State	Zip	County	How Long
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List all states resided in other than South Carolina _____

Social Security Number _____ Phone Number _____

Drivers License Number _____ State of Issuance _____ Date of Birth _____

Gender _____